

## SAMPLE APPROVED PROTOCOLS

### ADMINISTRATION OF ASPIRIN FOR CHEST PAIN BELIEVED TO BE OF CARDIAC ORIGIN

PROVIDER NAME: \_\_\_\_\_ PROVIDER NO. 60 \_\_\_\_\_

This protocol may be used by properly trained and licensed EMTs for the treatment of patients who are having chest pain believed to be of cardiac origin. EMTs-basic must obtain a direct voice order from the medical control physician in all cases **prior** to administration of aspirin.

- I. Aspirin
    - A. Contraindications
      - 1. Inability to swallow
      - 2. **Allergy to Aspirin**
      - 3. Patient has already taken the maximum recommended dose prior to EMT arrival.
  - II. CHEST PAIN BELIEVED TO BE OF CARDIAC ORIGIN - Patient presents with complaint of chest pain:
    - A. Perform initial assessment
    - B. Obtain patient history and perform physical exam for cardiac patient
      - 1. History of chest pain? Heart disease?
      - 2. Onset of chest pain and progression since onset?
      - 3. Interventions (previous medications taken, aspirin, nitroglycerin)
    - C. Assess baseline vital signs and SAMPLE history
    - D. Administer oxygen (if not already done during initial assessment) - consider Advanced Life Support
    - E. Monitor patient using monitoring electrodes per local protocol
    - F. Contact medical control for authorization to administer between 160-325 mg. of aspirin orally
      - 1. Obtain voice authorization for administration, including dosage; repeat order back to physician
      - 2. Verify medication and that medication has not expired
      - 3. Describe procedure to patient and obtain consent
      - 4. Administer medication
      - 5. Record actions and reassess patient
- (If authorization for aspirin disapproved - transport, continue to monitor patient and maintain contact with medical control.**
- G. Transport and continue to monitor and reassess patient
  - H. Report any changes to hospital

Approved by: \_\_\_\_\_  
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Medical Director (Print)

Medical Director (Signature)

Date

